TITLE Dalete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP SUCK RATION FL SASS		ENT# P000 0	SINESS REPO 00079064	RT (UBR)	· .	FI Apr 17, 20 Secreta		8:00		- · ·	
2. Principal Parce of Business 3. Making Address	•		•			_						
Suite, Apt. 8, etc. City & State City & St		FL			FL							
City & State City & State City & State City & State Country S. Country S	2. Principal Place	e of Business	3. Mailing Address			-						
Country Zip Country S. F. Lot 13.29 Country S. T. Auditional S. T. Auditi	Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
2p Country 2p Country 5. Certificate of Status Desired	City & State		City & State								•	Ì
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANASTRIANA J. R. ROMALD 1598 N. FEDERAL HWY, SUTTE 298 8. The above named entity submits this statement for the purpose of changing its registered of one registered agent, or both, in the State of Fords. 8. The above named entity submits this statement for the purpose of changing its registered of one or registered agent, or both, in the State of Fords. 8. The above named entity submits this statement for the purpose of changing its registered of one or registered agent, or both, in the State of Fords. 8. The above named entity submits this statement for the purpose of changing its registered of one or registered agent, or both, in the State of Fords. 8. The corporation is eligible to satisfy its Interoptible (agent and elects to do so.) 9. This corporation is eligible to satisfy its Interoptible (agent and elects to do so.) 10. Election Cemelagn Financing (agent and elects to do so.) 10. Election Cemelagn Financing (agent and elects to do so.) 10. Election Cemelagn Financing (agent and elects to do so.) 10. Election Cemelagn Financing (agent and elects to do so.) 10. Election Cemelagn Financing (agent and elects to do so.) 10. Election Cemelagn Financing (agent and elects to do so.) 10. Election Cemelagn Financing (agent and elects to do so.) 10. Election Cemelagn Financing (agent and elects to do so.) 10. Election Cemelagn Financing (agent and elects to do so.) 10. Election Cemelagn Financing (agent and elects to do so.) 10. Election Cemelagn Financing (agent and elects to do so.) 10. Election Cemelagn Financing (agent and elects to do so.) 10. Election Cemelagn Financing (agent and elects to do so.) 10. Election Cemelagn Financing (agent and elects to do so.) 10. Election Cemelagn Financing (agent and elects to do so.) 10. Election Cemelagn Financing (agent and elects to do so.) 10. Election Cemelagn Financing (agent and elects to do so.) 10. Election Cemelagn Financing (agent and elects	Zip	Country	Zip	Country	у			esired		3.75 Add	titional	-
NASTREANA F. RONALD 1590 N. FEDERAL HWY. SUITE 2809 Sireet Address (P.D. Box Number is Not Acceptable) 1726 2 PLOCA CLIB BLVD. SIGNATURE S		6. Name and Address of Curre	ent Registered Agent			7. 1	Name and Address of	New Rec	Fe	<u> </u>	<u>d</u>	4
2. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 2. SIGNATURE BRUCE J. LEVY Specimes, have growed genes cared degreed and office a registered agent, or both, in the State of Florida. 2. SIGNATURE BRUCE J. LEVY Specimes, have growed genes cared degreed agent and office a registered agent, or both, in the State of Florida. 2. SIGNATURE BRUCE J. LEVY Specimes, have growed genes cared degreed agent and office a registered agent, or both, in the State of Florida. 3. SIGNATURE BRUCE J. LEVY Specimes, have growed agent and side agent and office a registered agent, or both, in the State of Florida. 3. SIGNATURE BRUCE J. LEVY Specimes, have growed agent and side agent and office a registered agent, or both, in the State of Florida. 3. SIGNATURE BRUCE J. LEVY Specimes, have growed agent and side agent and office are registered agent, or both, in the State of Florida. 3. SIGNATURE BRUCE J. LEVY Specimes, have growed agent and side age	1500 N. FEDER	AL HWY., SUITE 200			Street Address	BRUCE (P.O. B	E JPRESIDE Box Number is Not Aco					- - -
SIGNATURE BRUCE J. LEVY Separation, typed or private man of might purpose of changing its registered office or registered agent, or both, in the State of Rorida. SIGNATURE BRUCE J. LEVY Separation, typed or private man of might purpose of changing its registered agent or total purpose of private man of might purpose of might pur		ALE	FL	-				<u>.</u>	FI		e	-
9. This corporation is eligible to seatisty its intangible (See criteria on back) 9. This corporation is eligible to seatisty its intangible (See criteria on back) 10. FILE NOWI!! FEE IS \$150.00 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. Addition Now Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Make Check Payable to Department of State 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. Interf ADDRESS 17.69 - STAPP 17.69 - Delete 17.60 - Delet	_		t for the purpose of changing its			red ag	ent, or both, in the Sta	te of Floric	ia.	33307		
Tax filing requirement and elects to do so. Comment			gent and title if applicable, (NOTE	: Registered A	Agent signature require	d when re	einstating)	<u> </u>		001	<u></u> [_]	
11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE Delate TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE Delate TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE Delate TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE MAME MAME MAME STREET ADDRESS CITY-ST-ZP TITLE MAME MAME MAME STREET ADDRESS CITY-ST-ZP TITLE MAME MAME STREET ADDRESS CITY-ST-ZP TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE MAME MAME M	Tax filing requ	irement and elects to do so.	After MAY 1, 200)1 Fee w	rill be \$550.00			_				
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STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MA	NAME STREET ADDRESS		☐ Delete	NAME STREET	ADDRESS 1726	S Y 9-2 BO	BRUCE JPRE			Change		34 (11)
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	NAME STREET ADDRESS		☐ Delete ,	name Street] Change	Addition	CR2F0
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: BRUCE J. LEVY PRES 04/17/2001	NAME STREET ADDRESS		☐ Delete	NAME STREET] Change	☐ Addition	
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changed, or on an attachment with an address, with all other like empowered. SIGNATURE:BRUCE J. LEVY	NAME STREET ADDRESS CITY-ST-ZIP			name Street City-S	T-ZIP					- •	_	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date	changed, or	on an attachment with an addres RE:BRUCE J. LEVY	ripowered to execute this report a ss, with all other like empowered.	as required	d by Chapter 60	/, Flori	da Statutes; and that r	ny name a	irther certify h; that I am ppears in B	that the in an officer lock 11 or	nformation or director Block 12 if	

Date

Daytime Phone #